## **APPLICATION FOR EXAMINATION SUPPLEMENT**

(You must return this supplement with your application.)

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

Corporation which are currently outstanding? Yes No
2. If so, are you presently in default on any such loan?
Yes No
Name:(Last name, first name, middle initial)
(Last name, first name, middle initial)
Address:
City, State, Zip:
Examination Number and Title:
THIS AFFIRMATION MUST BE COMPLETED: I affirm under penalties of perjury that all statements made on this application supplement are true.
Signature:
Date:

## ERIE COUNTY DEPARTMENT OF PERSONNEL METHODS RESEARCH QUESTIONNAIRE

The County of Erie is an Equal Opportunity Employer. The attached information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately and is sent to our EEO Office. This information is maintained confidentially and is not available to any employing agency.

EXAM: Announcement Number					EXAM DATE		
					• .		
Address	:	(City)		(State)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	
Social S	ecurity Numl	ber:					
Sex:	(Circle):	Male	Female				
Race:	(Circle):	White	Black	American I	Indian	Asian American	
		Hispanic	Other (ple	ase specify) _			
Oo you h	nave a Disab	ility? (Circle)	): Yes	No			
Are you	a Vietnam ei	ra Veteran?	(Circle): Yes	s No			
	Recruitm	nent Source: (	Check how y	ou became aw	are of t	he position)	
Erie County Personnel Department					Newspaper		
New York State Employment Office					Relative or Friend		
Private Employment Office					Government Employee		
P	rivate Emplo	syment Office			Govern	ment Employee	